environment modify greatly the general effect of summer heat on infant mortality. From the mortality curves of three localities having the same climatic conditions, and in which the milk supply and general care of infants were practically identical, it is seen that the infant mortality of one of these localities rises higher to a marked degree during July and August than that of the other two places. In the first locality the houses were packed one against the other, the whole district congested, with no open spaces around the dwellings. The fact that the rooms and houses did not cool off during nightfall, that air currents could not vary the temperature, and that practically a heat stagnation existed accounts for the high mortality in this district. The other districts were less congested and the houses spared to some extent admitting air, and the heat was more intermittent. Long sustained, high, room temperature plus humidity and air stagnation are therefore important factors which modify the general effect of summer heat on infants. Among other effects of summer heat were found frequent cases of "heat stroke" in children similar to that found in adults. The symptoms comprised coma and convulsions, increased temperature and continued unconsciousness ending in death within a few days. These cases occurred among the apparently well nourished children fed on some prepared or condensed baby food. The general effect of summer heat is to lower resistance and vitality in the healthy child, causing at times elevation of temperature; to retard the improvement in bottle fed babies; to reduce tolerance; to nourishment and to augment the severity of gastro-intestinal diseases. Changes in diet and general hygiene are of vast importance during summer heat. Food should be less concentrated and even reduced in bulk. A liberal quantity of liquid should be given. Frequent cool and tepid sponging and light clothing both day and night are imperative, especially in congested districts. In older children, aged from six to ten years, it was found that 30 per cent. in 260 lost appreciably in weight from May to August. Schlesinger attributed this expecially to the effect of summer heat in school-rooms, with their attendant air stagnation and humidity. After seven weeks' vacation, although the heat remained intense, the children had regained the weight lost and many had added to their forme weight.

Lordotic Albuminuria.—Franz Hamburger (*Wien. klin. Woch.*, 1912, xxv, 262) agrees with Jehles' discovery that in many children an albuminuria can be caused or increased by a lordosis. There is no doubt that most of the so-called albuminuria of puberty can be traced back to a lordosis in the lumbar vertebræ and that a lordotic albuminuria depends upon a blood stasis in the kidneys: another theory is that both kinds of albuminuria are influenced by nervous and vasomotor changes. There is no doubt that most individuals with lordotic albuminuria have vasomotor disturbances and that the large number of cases occurring in children, aged from seven to fifteen years, is due to the fact that during the period of puberty the vasomotor system is especially unstable and irritable. Individuals with angioneurotic or "vasomotor" tendencies will react more with an albuminuria in lordosis than will normal, healthy individuals. The same person under the same conditions may show albuminuria at one time, and at another show only a slight amount or none at all. This is probably due to changes in the degree of lordosis and is purely mechanical. However, it is also due at times to existing vasomotor conditions which modify the mechanical factor.

Syphilitic Affections of Bones in Childhood.—DUNCAN C. L. FITZWILLIAMS (*Brit. Jour. Child. Dis.*, 1912, ix, 97) points out that the terms "congenital" and "hereditary" are really obsolete as applied to syphilis, since all syphilis is "acquired," either before, during, or after birth. The only difference lies in the reaction produced in young and growing tissues as contrasted with that found in well formed tissues. In the adult form it can be roughly graded into its three stages. In infancy and childhood, owing to a lesser resistance, the process is unchecked. A stage of incubation is followed by a jumble of symptoms in which the macular rash and the gumma may be seen at the same time and the condyloma may show the true nature of a bone lesion. In childhood syphilis shows a predilection for the shaft of bones ignoring the epiphysis almost entirely. In joints the condition begins in the synovial membrane and not the bony parts. The condition known as syphilitic epiphysitis is really a perichondritis affecting the whole length of the bone. The humerus, radius, and ulna are more frequently affected than the femur, while the tibia and fibula are rarely attacked. Syphilitic perichondritis practically always occurs in children below six months. Rashes, snuffles, condylomata and a family history of miscarriages are helps in diagnosis. Syphilitic dactylitis is rare, causes no pain and occurs usually after the third year of life. Periostitis is the commonest manifestation in bones and the local form occurs about the fifth or sixth years, is usually started by some injury, and affects the upper part of the tibia and the ulna for that reason. Generalized periostitis involves the whole shaft of the bone, seldom encroaching on the epiphysis, and usually appears later in life than the localized form. In the tibia the forward bend in the bone is marked in the upper part and occurs after the child has learned to walk. In rickets the forward bend is low down in the bone and develops before the child has learned to walk. In syphilitic osteomyelitis the whole thickness of bone is attacked and replaced more or less completely with gummatous tissue. The treatment followed out by Fitzwilliams with much success consists in immobilization of the affected limb, liq. hyd. perchlor., ♏v in cod-liver oil by mouth and occasionally mercury ointment and lanoline by inunction. He has not employed salvarsan in any of his cases.

OBSTETRICS

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Sepsis in the Newborn Originating in Bednar's Aphthæ.—LINDENMEIER (*Zentralbl. f. Gynäk.*, 1911 No. 50,) reports the case of an infant